## 57383 State Department of Health Services Manifest 015 See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 (4) Alternate TSD Facility SFUND RECORDS CTR GENERATOR (Generator Must Complete) (3) Designated TSD Facility (Authorized to operate under an approved state program or federal program) CHEMICAL WASTE 'ALUMINUM COMPANY OF 999000911 Name OPERATING INDUSTRIES, INC. MANAGEMENT INC. AMERICA - VERNON WORKS (2) Name 000064 EPA NO. EPA NO. EPA NO. 5151 Alcoa Ave. Phone No. 588-6141 Address 900 N. Potrero Grande Dr. Box 1104, 430 W. Elm Ave. Address P.O. City, State, Zip Coalingo, CA 93210 Monterey Park, CA City, State, Zip \_\_\_\_Vernon . CA 90058 City, State, Zip \_ WEIGHT OR U.S. DOT PROPER SHIPPING NAME CONTAINERS NUMBER: TYPE: DRUMS BAGS ☐ CARTONS WASTE ☐ TANK TRUCK ☐ DUMP TRUCK WASTE □ OTHER (8) GENERATING PROCESS Aluminum Fabrication (7) EX. HAZ, WASTE PERMIT NO. (6) WASTE CATEGORY \_\_\_\_\_ CONC. LIST COMPONENTS: UNITS UNITS □ % □ pom. □ % □ ppm. □ % □ pom. □ % □ ppm. □ % □ ppm. □ % □ ppm. Non Hazardous Material \_\_\_\_\_100 □ % □ ppm. (10) WASTE PROPERTIES: pH\_ ☐ Toxic ☐ Sensitizer ☐ Flammable ☐ Corrosive/Irritant Reactive ☐ Carcinogen/Mutagen **K**KLiquid XX Sludge ☐ Gas KXOther Aluminum Oxides & Water ☐ Slurry (12) SPECIAL HANDLING INSTRUCTIONS: Gloves ☐ Googles Respirator Other GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 uthorized Agent and Title TRANSPORTER (HAULER MUST COMPLETE) (14) NAME ASBURY OIL CO. CAD028277036 EPA NO. 13419 Halldale Avenue PHONE NO. (213) 321-1392 1 12-51 CITY, STATE, ZIP \_\_Gardena, California 90249 Signature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) 18 QUANTITY (If Measured) LUBBL (21) HANDLING OR DISPOSAL METHOD: 19 STATE FEE (If Any)\_ EPA NO. ☐ Surface Impoundment PHONE NO ☐ Injection Well ☐ Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify). ☐ Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY (22) NAME EPA NO.

nature of Authorized Agent and Title

CALIFORNIA HAZARDOUS WASTE MANIFEST